



AMERICAN
| GENERAL

Specified Critical Illness

Beneficiary Form

Certificate Number	Insured/Employee	Social Security Number
Address		Phone Number

☐ Change of Beneficiary ☐ New Beneficiary

It is requested that the beneficiary under the above Certificate be added or changed as follows:

Primary Beneficiary	Relationship to Insured
Address	
Contingent Beneficiary	Relationship to Insured
Address	
Contingent Beneficiary	Relationship to Insured
Address	

Sign and Date Here for Above Requests

Date	Signature of Insured
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Request for Service

Mail:
American General Assurance Company
PO Box 7308
Columbia, SC 29202

Fax:
(803) 799-7737

Phone:
(800) 308-6457